

# DEPARTMENT OF TREASURY

## PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Service

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City, State and Zip Code):

Yu Li, 9 Varun Lane, Lake Katrine, New York 12449

Send notice or service copy to requester at Name and Address below:

GLENN T. SUDDABY, United States Attorney, NDNY  
218 James T. Foley Courthouse  
445 Broadway  
Albany, New York 12207

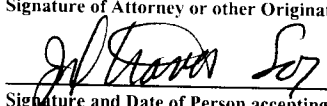
Number of Processes to be Served

Number of Parties to Served

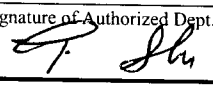
Check box if service is on USA

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

Signature of Attorney or other Originator requesting service on behalf of:	(X) Plaintiff ( ) Defendant	Telephone No.	Date
 / Thomas A. Capezza, AUSA		518-431-0247	2/14/06
Signature and Date of Person accepting Process:			

## SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No. _____	District to Serve No. _____	Signature of Authorized Dept. of Treasury Agency Officer	Date
				2/15/06

I HEREBY CERTIFY AND RETURN THAT I ( ) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. (X) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

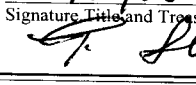
Name and Title of individual served if not shown above.

( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address: (complete only if different than shown above)

Date of Service Time of Service ( ) a.m.  
2/16/06 - certified mail ( ) p.m.

Signature Title and Treasury Agency

 Special Agent - INS-CI

### REMARKS:

A certified copy of the Preliminary Order of Forfeiture and Notice of Publication and Forfeiture were sent by certified mail on 2/16/06 to Yu Li at the address listed above.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

LAKE KATRINE, NY 12449

Postage \$ 1.11  
 Certified Fee 2.40  
 Return Receipt Fee (Endorsement Required) 1.85  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.36

UNIT ID: 0616  
 Postmark Here  
 Clerk: KJ4200  
 02/16/06

Sent To  
 Yu Li  
 9 Varun Lane  
 Lake Katrine NY 12449

PS Form 3800, June 2002 See Reverse for Instructions

16050036

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Yu Li  
 9 Varun Lane  
 Lake Katrine NY  
 12449

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 2/21

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 0390 0005 8339 5900